

| POSITION                         | INITIALS  | ID NO.        | DATE            |
|----------------------------------|-----------|---------------|-----------------|
| <b>FEE DETERMINATION</b>         | <i>CP</i> | <i>000000</i> | <i>11/16/00</i> |
| <b>O.I.P.E. CLASSIFIER</b>       |           | <i>48</i>     | <i>11/19/00</i> |
| <b>FORMALITY REVIEW</b>          |           | <i>109652</i> |                 |
| <b>RESPONSE FORMALITY REVIEW</b> |           | <i>71416</i>  | <i>3/16/01</i>  |

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date           |
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If more than 150 claims or 10 actions  
staple additional sheet here

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